

Declaration Regarding Non-Employee Services and Goods Costs

For each 2004 aggravated murder case claimed, a separate copy of this declaration must be completed if contracted or court ordered services or goods (other than prosecutor salaries and benefits) were incurred for the prosecution. Place the completed form(s) at Tab 3.

1. This declaration is submitted by the undersigned in support of _____ County's claim for reimbursement under the Extraordinary Criminal Justice Costs Act for this aggravated murder case:

Name of case

2. The total amount paid for contracted or court ordered services and for goods in this case during 2004 was:

\$ _____.

Vendor:

Amount:

If necessary, supplementary page(s) listing vendors and amounts paid are enclosed and incorporated by reference herein.

3. These amounts have been accurately included in totals on the data table.
4. Copies of supporting invoices are enclosed, **with personal information (names, addresses, credit card numbers, etc.) blacked out. Details regarding the content of health or legal services have been deleted to protect confidentiality.**

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Signature

Date

Printed Name

Title

Place

Declaration Regarding Non-Employee Services and Goods Costs

For each 2004 aggravated murder case claimed, a separate copy of this declaration must be completed if services or goods (other than prosecutor salaries and benefits) were incurred for prosecution discovery. Place the completed form(s) at Tab 4.

1. This declaration is submitted by the undersigned in support of _____ County's claim for reimbursement under the Extraordinary Criminal Justice Costs Act for this aggravated murder case:

Name of case

2. The total amount paid for contracted or court ordered services and for goods in this case during 2004 was:

\$ _____.

Vendor:

Amount:

If necessary, supplementary page(s) listing vendors and amounts paid are enclosed and incorporated by reference herein.

3. These amounts have been accurately included in totals on the data table.
4. Copies of supporting invoices are enclosed, **with personal information (names, addresses, credit card numbers, etc.) blacked out. Details regarding the content of health or legal services have been deleted to protect confidentiality.**

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Signature

Date

Printed Name

Title

Place

Declaration Regarding Non-Employee Services and Goods Costs

For each 2004 aggravated murder case claimed, a separate copy of this declaration must be completed if services and goods (other than sheriff/police salaries and benefits) were incurred for the sheriff/police investigation. Place the completed form(s) at Tab 5.

1. This declaration is submitted by the undersigned in support of _____ County's claim for reimbursement under the Extraordinary Criminal Justice Costs Act for this aggravated murder case:

Name of case

2. The total amount paid for contracted or court ordered services and for goods in this case during 2004 was:
\$ _____.

Vendor:

Amount:

If necessary, supplementary page(s) listing vendors and amounts paid are enclosed and incorporated by reference herein.

3. These amounts have been accurately included in totals on the data table.
4. Copies of supporting invoices are enclosed, **with personal information (names, addresses, credit card numbers, etc.) blacked out. Details regarding the content of health or legal services have been deleted to protect confidentiality.**

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Signature

Date

Printed Name

Title

Place

Declaration Regarding Non-Employee Services and Goods Costs

For each 2004 aggravated murder case claimed, a separate copy of this declaration must be completed if prosecution expert witness services or goods were incurred. Place the completed form(s) at Tab 6.

1. This declaration is submitted by the undersigned in support of _____ County's claim for reimbursement under the Extraordinary Criminal Justice Costs Act for this aggravated murder case:

Name of case

2. The total amount paid for contracted or court ordered services and for goods in this case during 2004 was:
\$ _____.

Vendor:

Amount:

If necessary, supplementary page(s) listing vendors and amounts paid are enclosed and incorporated by reference herein.

3. These amounts have been accurately included in totals on the data table.
4. Copies of supporting invoices are enclosed, **with personal information (names, addresses, credit card numbers, etc.) blacked out. Details regarding the content of health or legal services have been deleted to protect confidentiality.**

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Signature

Date

Printed Name

Title

Place

Declaration Regarding Non-Employee Services and Goods Costs

For each 2004 aggravated murder case claimed, a separate copy of this declaration must be completed if appointed defense attorney services or goods were incurred (other than county employee public defender salaries). Place the completed form(s) at Tab 7.

1. This declaration is submitted by the undersigned in support of _____ County's claim for reimbursement under the Extraordinary Criminal Justice Costs Act for this aggravated murder case:

Name of case

2. The total amount paid for contracted or court ordered services and for goods in this case during 2004 was:
\$ _____.

Vendor:

Amount:

If necessary, supplementary page(s) listing vendors and amounts paid are enclosed and incorporated by reference herein.

3. These amounts have been accurately included in totals on the data table.
4. Copies of supporting invoices are enclosed, **with personal information (names, addresses, credit card numbers, etc.) blacked out. Details regarding the content of health or legal services have been deleted to protect confidentiality.**

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Signature

Date

Printed Name

Title

Place

Declaration Regarding Non-Employee Services and Goods Costs

For each 2004 aggravated murder case claimed, a separate copy of this declaration must be completed if defense investigation services or goods were incurred. Place the completed form(s) at Tab 8.

1. This declaration is submitted by the undersigned in support of _____ County's claim for reimbursement under the Extraordinary Criminal Justice Costs Act for this aggravated murder case:

Name of case

2. The total amount paid for contracted or court ordered services and for goods in this case during 2004 was:
\$ _____.

Vendor:

Amount:

If necessary, supplementary page(s) listing vendors and amounts paid are enclosed and incorporated by reference herein.

3. These amounts have been accurately included in totals on the data table.
4. Copies of supporting invoices are enclosed, **with personal information (names, addresses, credit card numbers, etc.) blacked out. Details regarding the content of health or legal services have been deleted to protect confidentiality.**

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Signature

Date

Printed Name

Title

Place

Declaration Regarding Non-Employee Services and Goods Costs

For each 2004 aggravated murder case claimed, separate copies of this declaration must be completed if defense expert witnesses services or goods were incurred. Place the completed form(s) at Tab 9.

1. This declaration is submitted by the undersigned in support of _____ County's claim for reimbursement under the Extraordinary Criminal Justice Costs Act for this aggravated murder case:

Name of case

2. The total amount paid for contracted or court ordered services and for goods in this case during 2004 was:

\$ _____.

Vendor:

Amount:

If necessary, supplementary page(s) listing vendors and amounts paid are enclosed and incorporated by reference herein.

3. These amounts have been accurately included in totals on the data table.
4. Copies of supporting invoices are enclosed, **with personal information (names, addresses, credit card numbers, etc.) blacked out. Details regarding the content of health or legal services have been deleted to protect confidentiality.**

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Signature

Date

Printed Name

Title

Place

Declaration Regarding Non-Employee Services and Goods Costs

For each 2004 aggravated murder case claimed, a separate copy of this declaration must be completed if jail services or goods were incurred (other than jail staff salaries and benefits). Place the completed form(s) at Tab 10.

1. This declaration is submitted by the undersigned in support of _____ County's claim for reimbursement under the Extraordinary Criminal Justice Costs Act for this aggravated murder case:

Name of case

2. The total amount paid for contracted or court ordered services and for goods in this case during 2004 was:

\$ _____.

Vendor:

Amount:

If necessary, supplementary page(s) listing vendors and amounts paid are enclosed and incorporated by reference herein.

3. These amounts have been accurately included in totals on the data table.
4. Copies of supporting invoices are enclosed, **with personal information (names, addresses, credit card numbers, etc.) blacked out. Details regarding the content of health or legal services have been deleted to protect confidentiality.**

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Signature

Date

Printed Name

Title

Place

Declaration Regarding Non-Employee Services and Goods Costs

For each 2004 aggravated murder case claimed, separate copies of this declaration must be completed if jury services or goods were incurred (other than jury staff salaries and benefits). Place the completed form(s) at Tab 11.

1. This declaration is submitted by the undersigned in support of _____ County's claim for reimbursement under the Extraordinary Criminal Justice Costs Act for this aggravated murder case:

Name of case

2. The total amount paid for contracted or court ordered services and for goods in this case during 2004 was:
\$ _____.

Vendor:

Amount:

If necessary, supplementary page(s) listing vendors and amounts paid are enclosed and incorporated by reference herein.

3. These amounts have been accurately included in totals on the data table.
4. Copies of supporting invoices are enclosed, **with personal information (names, addresses, credit card numbers, etc.) blacked out. Details regarding the content of health or legal services have been deleted to protect confidentiality.**

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Signature

Date

Printed Name

Title

Place

Declaration Regarding Non-Employee Services and Goods Costs

For each 2004 aggravated murder case claimed, a separate copy of this declaration must be completed if interpreter services or goods were incurred (other than interpreter staff salaries and benefits). Place the completed form(s) at Tab 12.

1. This declaration is submitted by the undersigned in support of _____ County's claim for reimbursement under the Extraordinary Criminal Justice Costs Act for this aggravated murder case:

Name of case

2. The total amount paid for contracted or court ordered services and for goods in this case during 2004 was:

\$ _____.

Vendor:

Amount:

If necessary, supplementary page(s) listing vendors and amounts paid are enclosed and incorporated by reference herein.

3. These amounts have been accurately included in totals on the data table.
4. Copies of supporting invoices are enclosed, **with personal information (names, addresses, credit card numbers, etc.) blacked out. Details regarding the content of health or legal services have been deleted to protect confidentiality.**

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Signature

Date

Printed Name

Title

Place

Declaration Regarding Non-Employee Services and Goods Costs

For each 2004 aggravated murder case claimed, a separate copy of this declaration must be completed if other adjudication services or goods costs were incurred (other than county staff salaries and benefits). Place the completed form(s) at Tab 13.

1. This declaration is submitted by the undersigned in support of _____ County's claim for reimbursement under the Extraordinary Criminal Justice Costs Act for this aggravated murder case:

Name of case

2. The total amount paid for contracted or court ordered services and for goods in this case during 2004 was:

\$ _____.

Vendor:

Amount:

If necessary, supplementary page(s) listing vendors and amounts paid are enclosed and incorporated by reference herein.

3. These amounts have been accurately included in totals on the data table.
4. Copies of supporting invoices are enclosed, **with personal information (names, addresses, credit card numbers, etc.) blacked out. Details regarding the content of health or legal services have been deleted to protect confidentiality.**

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Signature

Date

Printed Name

Title

Place